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APPLICATION NO.	FILING DATE	FILING DATE		FIRST NAMED INVEN	TOR ATTO			RNEY DOCKET NO. CONFIRMATION NO.			
10/518,630	12/20/2004 FION: PROTECTIVE ASSEMBLY FOR A LIMB			Gerard Valat		0584-1025 S285					
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 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to							
3. ASSIGNEE NAME A							***************************************	***************************************		**************************************	
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Random Des		Aix-en-Provence, France									
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	SMALL ENTITY status Publication Fee (if requ			b. Applicant is no	longe	er claiming SMAL	L ENT	TY status. See 37 CFF	1.27(g)(2).	
NOTE: The Issue Fee and interest as shown by the re	ecords of the United Stat	es Patent and	Trademark	Office.	********	monomonomonomonomonomonomonomonomonomon	******	corney or agent, or me	assigne	e or outer party in	
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Typed or printed name	***************************************	Registration No. 35,041									
This collection of informa un application. Confidenti un application. Confidenti his form and/or suggestic Box 1450, Alexandria, Vi Alexandria, Virginia 2231 Under the Paperwork Red	amplication form to the map for reducing this burd rginia 22313-1450. DO 3-1450.	USPTO. Time len, should be NOT SEND F	will vary sent to the EES OR C	depending upon the ir Chief Information Of OMPLETED FORMS	estur idivic ficer, TO	nated to take 12 m lual case. Any con U.S. Patent and T THIS ADDRESS.	inutes t aments radema SEND	o complete, including on the amount of time rk Office, U.S. Depart TO: Commissioner for	gatherit you re- ment of Patent:		